

Form **4T** Wisconsin Exempt Organization Business Franchise or Income Tax Return

For 2015 or taxable year beginning and ending

2015

Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.
Exempt Organization Name _____

DO NOT STAPLE OR BIND

Number and Street _____		Suite Number _____
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City _____	State _____	ZIP (+ 4 digit suffix if known) _____	A Federal Employer ID Number _____
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D Check <input type="checkbox"/> if applicable and attach explanation: 1 <input type="checkbox"/> Amended return 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew		B Business Activity (NAICS) Code _____	C State of Organization and Year Enter abbreviation of state in box, or if a foreign country, enter below. _____ Y Y Y Y
4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale			

Check if applicable and see instructions:
E If you have an extension of time to file, enter extended due date

F If you have related entity expenses and are required to file Schedule RT with this return.

G If you changed your organization name.

H Internal Revenue Service adjustments became final during the year.
Enter years adjusted ▶ _____

I Check <input type="checkbox"/> type of organization: 1 <input type="checkbox"/> Corporation 2 <input type="checkbox"/> Trust - due 4th month 3 <input type="checkbox"/> Trust - due 5th month	J Name of Trustee if Taxable as Trust _____
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ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

PAPER CLIP check or money order here

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 10)

1 Unrelated business taxable income (from federal Form 990-T, line 34)	1	.00
2 Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8)	2	.00
3 Subtract line 2 from line 1. This is apportionable unrelated business taxable income	3	.00
4 Wisconsin apportionment percentage (from Form A-1 or Form A-2, or if apportionment does not apply, enter "100.0000%"). If percentage is from Form A-2, check (✓) the space after the arrow ▶ <input type="checkbox"/>	4 %
If 100% apportionment, check (✓) the space after the arrow ▶ <input type="checkbox"/>		
5 Multiply line 3 by line 4.	5	.00
6 Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9)	6	.00
7 Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss)	7	.00
8 Enter 7.9% (0.079) of amount on line 7. This is gross tax	8	.00
9 Nonrefundable credits (from Schedule CR)	9	.00
10 Subtract line 9 from line 8. If line 9 is greater than line 8, enter zero (0). This is net tax	10	.00

Organizations Taxable as Trusts (Corporations do not fill in lines 11 through 20)

11 Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720)	11	.00
12 Additions (from Schedule T1, line 10 on page 3)	12	.00
13 Add lines 11 and 12	13	.00
14 Subtractions (from Schedule T2, line 8 on page 3)	14	.00
15 Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income	15	.00
16 Tax from tax table on amount on line 15. This is gross tax	16	.00

Table with 3 columns: Line number, Description, and Amount. Lines 17-38 detailing tax calculations and payments.

Additional Information Required

- 1 Person to contact concerning this return: Phone #: Fax #:
2 City and state where books and records are located for audit purposes:
3 Are you the sole owner of any limited liability companies (LLCs)?
4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax?
5 List the locations of your Wisconsin operations:

Third Party Designee section with fields for Name, Phone Number, and Personal Identification Number (PIN).

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature table with columns for Signature, Title, Date, Preparer's Signature, Preparer's Federal Employer ID Number, and Date.

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue
PO Box 8908
Madison WI 53708-8908



Schedule T1 – Trust Additions (See instructions)

1	Interest income (less related expenses) from state and municipal obligations	1	_____
2	State and local franchise or income taxes	2	_____
3	Capital gain/loss adjustment	3	_____
4	Federal net operating loss carryover	4	_____
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1)	5	_____
6	Domestic production activities deduction	6	_____
7	Transitional adjustments	7	_____
8	Credits computed (see instructions):		
8a	Community rehabilitation program credit.	8a	_____
8b	Development zones credits.	8b	_____
8c	Economic development tax credit.	8c	_____
8d	Enterprise zone jobs credit	8d	_____
8e	Farmland preservation credit	8e	_____
8f	Jobs tax credit.	8f	_____
8g	Manufacturing and agriculture credit.	8g	_____
8h	Manufacturing investment credit.	8h	_____
8i	Research expense credit	8i	_____
8j	Technology zone credit.	8j	_____
9	Other: _____	9	_____
	_____		_____
	_____		_____
10	Total (enter on page 1, line 12)	10	=====

Schedule T2 – Trust Subtractions (See instructions)

1	Interest income (less related expenses) from United States government obligations	1	_____
2	Capital gain/loss adjustment	2	_____
3	Wisconsin net operating loss carryforward	3	_____
4	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1)	4	_____
5	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	5	_____
6	Transitional adjustments	6	_____
7	Other: _____	7	_____
	_____		_____
	_____		_____
	_____		_____
8	Total (enter on page 1, line 14)	8	=====